

Temporary to Permanent Position Form

(Incomplete Form Will Not Be Processed)

Temporary Solutions employee will not be released to Agency until all work time has been entered and approved in Beacon.

Today's Date: _____

Employees' Name: _____

Employee's PERN: _____

Employee's Email: _____

Employee's Phone: _____

Effective 1st Day in Permanent Position: _____

Last Physical Day of Work w/Temporary Solutions: _____

Does employee submit worktime by paper or electronically into Beacon? _____

Has all worktime been entered? _____

Has all worktime been approved? _____

Receiving Agency: _____

Agency's Division: _____

*Agency's HR Contact Name: _____

Email: _____

Phone: _____

***Agency's HR Contact will be the designated person responsible
for receiving the Notification of Release.**

Temporary Solutions Only:

Notification to Agency was sent by: _____

Date Sent: _____